

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year Beginning in: 2002

**MARSHALL HRA      mn041v02**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** MARSHALL HRA

**PHA Number:** MN041

**PHA Fiscal Year Beginning: (mm/yyyy)** 10/2002

### PHA Plan Contact Information:

Name: Mark Farrell

Phone: 507-537-7083

TDD:

Email (if available): parkview@starpoint.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☒ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

All changes Planned in last years Plan have been covered in this Plan.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ est \$225,000

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - ☐ Yes ☐ No: below or
    - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
  - ☐ Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Minnesota)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☒ Other: (list below)  
The HRA has a letter of consistent with the jurisdiction's Current, approved (CHAS) or Consolidated Plan, from the State of Minn., Minnesota Housing Finance Agency.
3. PHA Requests for support from the Consolidated Plan Agency  
☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

First year Plan was Certified by the State of Minnesota



## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

This is defined by the Marshall HRA to mean discretionary changes in the plans or policies of the Marshall HRA that fundamentally changes the mission, goals, objectives, or plans of the Marshall HRA and this also requires formal approval by the HRA Board of Commissioners.

#### **A. Substantial Deviation from the 5-year Plan:**

It is a decision made by the Board of Commissioners to change the PHA's mission statement, goals, objectives laid out in the 5-year plan. It is also when goals or objectives are changed that affect all residents or have a significant impact to the PHA's financial situation..

#### **B. Significant Amendment or Modification to the Annual Plan:**

These are any changes in the plans or policies of the PHA that require formal approval by the Board of Commissioners.

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Income Analysis of Public Housing Covered Developments	Required by PIH Notice 2001-26 (specify as needed)
	Voluntary Conversion Required Initial Assessment	Required by PIH Notice 2001-26 (specify as needed)
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>MARSHALL PUBLIC HOUSING COMMISSION</b>		<b>Grant Type and Number</b> Capital Fund Program: MN46P04150102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000			
3	1408 Management Improvements				
4	1410 Administration	11,900			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	19,000			
8	1440 Site Acquisition	70,000			
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures	94,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,100			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$225,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				





## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN041001		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvement/ upgrade and improve grounds	\$ 28,000	2003 – 2007
Replace roof on Parkview	\$ 124,000	2005
Riverbank Improvement	\$ 50,000	2003
Tuckpointing, section at a time	\$ 150,000	2004-2006
Replace Windows	\$ 74,000	2003-2005
Install A/C Units, ( 10 per year)	\$ 10,000	2006
Upgrade Fresh Air System, Add Air Conditioning, Upgrade Ventilation System on Roof.	\$ 70,000	2006
Stain and trim door jambs etc.	\$ 15,000	2003-2006
Re-design front arch window at Parkview	\$ 8,000	2006
<b>Total estimated cost over next 5 years</b>	<b>\$ 529,000</b>	



## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN041002		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace carpeting through out housing property, 200 sq yards a year.	\$ 30,000	2003-2006
Replace doors, frame work, trim, through out property.	\$ 20,000	2002-2006
Replace 80 closet doors, fromes and trim.	\$ 20,000	2002-2006
Replace unit sidewalks,including pad around door & new concrete patio pad	\$ 5,500	2006
Replace shingles.	\$ 65,000	2004
Install storm doors (front only) Peterson St.	\$ 4,000	2005
Side walls under front canopy	\$ 8,000	2006
General fund to upgrade & improve site	\$ 42,500	2002-2006
Install water softeners at single family units	\$ 14,600	2006
Light in Dining room ( fan and dimmer)	\$ 39,200	2006
Replace tub/shower stalls.	\$ 69,600	2006
All units, remove existing sheet vinyl flooring& plywood sub floor, replace with new sheet vinyl.	\$ 121,600	2002-2004
<b>Total estimated cost over next 5 years</b>	<b>\$ 440,000</b>	

**Required Attachment D: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Dale Janiszezki

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 5/31/2000 - 5/31/2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 05/31/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

City Council Member, City Mayor

**Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

None, we advertised, asked individuals, etc. The Executive Director types out a monthly news letter, informing tenants on issues and also letting them know when the next tenant meeting will be held. We use a group of tenants, whom ever wants to come to a monthly meeting, that's when we discuss matters.

**Attachment F : Report on Public Meeting : Had a very good turn out of Residents, as the Housing Commission Staff served coffee and cookies and donuts. The Chair opened the meeting with introductions of the Board. Thanked all who came to the Meeting. Question asked was why the ceiling on sixth floor was installed ahead of all the wiring for the upgrade of the fire alarm system. Board answered with, contractors try to coordinate work with each other, but due to work loads and completion dates it doesn't always work. Tenants asked about the starting of replacement of windows, on starting time and style. Board answered with the procedure of hiring an Architect, selection of types of windows, reaction from residents, bidding out the projects, etc. The Board could not give a date but the tenants would be kept informed on any updated action. The meeting went on by Board and tenants visiting and getting to know each other.**

Required Attachment \_\_\_G\_\_\_: **Deconcentration and Income Mixing**

**Component 3, (6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

**Required Attachment \_\_\_\_H\_\_\_\_: Voluntary Conversion Required Initial Assessments.**

- a. How many of the PHA's developments are subject to the Required Initial Assessments?**

**TWO**

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?**

**NONE**

- c. How many Assessments were conducted for the PHA's covered developments?**

**TWO**

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

Development Name  
N/A

Number of Units  
N/A

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>MARSHALL PUBLIC HOUSING COMMISSION</b>		<b>Grant Type and Number</b> Capital Fund Program: MN46P04150100 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2000</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1 )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 3/31/2002</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,013	3293	3293	3293
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	13,00	17,205	17,205	17,205
8	1440 Site Acquisition				
9	1450 Site Improvement	121,200	139,280	139,280	136,480
10	1460 Dwelling Structures	89,200	67,435	67,435	67,435
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$225,413	225,413	225,413	222,613
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: MARSHALL PUBLIC HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program #: MN46P04150100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AW	Admistration	1410		2,013	1,493	1,493	1,493	100%
AW	Fees & Costs	1430		13,000	17,205	17,205	17,205	100%
001-002	Site Improvements	1450		13,000	10,072	10,072	10,072	100%
001-002	Overlay Parking Lots	1450		78,000	74,400	74,400	72,600	99%
001-002	Replace Sidewalks, Driveways	1450		30,200	54,808	54,808	53,808	99%
002	Add Storm Doors	1460		4,000	0			
002	Electrical – Add Lighting	1460		2,400	2,400	2,400	2,400	100%
002	Add 2 Handicapped Showers	1460		7,600	8,500	8,500	8,500	100%
001-002	Replace Carpeting	1460		16,500	0			
001-002	Replace Doors and Trim	1460		8,000	0			
001	Building Security	1460		7,000	8,035	8,035	8,035	100%
001	Add Range Hoods	1460		16,500	16,500	16,500	16,500	100%
001	Interior Finish Elevators	1460		3,000	13,000	13,000	13,000	100%
001	Relocate Garage	1460		3,500	5,000	5,000	5,000	100%
001	Paint Balcony Railings	1460		500	5,000	5,000	5,000	100%
001	Add Entrance Canopy	1460		9,000	9,000	9,000	9,000	100%
001	Revise Community Room-HVAC	1460		11,200	0			
	TOTAL GRANT			\$225,413	225,413	225,413	222,613	





<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>MARSHALL PUBLIC HOUSING COMMISSION</b>		<b>Grant Type and Number</b> Capital Fund Program: MN46P04150101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 1 )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 3/31/2002</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	6,058	9,988	9,988	
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	21,400	21,400	21,400	19,286.86
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	202,500	198,570	198,570	110,024
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$229,958	229,958	229,958	129,310.86
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: MARSHALL PUBLIC HOUSING COMMISSION		Grant Type and Number Capital Fund Program #: MN46P04150101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA – Wide	Operations	1406	Lump Sum	6,058	9,988	9,988	0	
HA – Wide	Architect	1430	Lump Sum	21,400	21,400	21,400	19,286.86	
MN041-001	Upgrade Fire Alarm System	1460	1	70,000	75,200	75,200	32,490	
MN041-001	New Lay In Ceiling on 6 <sup>th</sup> Floor	1460	Lump Sum	10,000	6,545	6,545	6,545	100%
MN041-001	Remodel Foyer Area at Parkvies	1460	Lump Sum	10,000	7,395	7,395	7,395	100%
MN041-001	Build Canopy on Apt. Patio Door	1460	1	2,500	2,500	2,500		
MN041-001	Replace Main Level Carpets at Parkview	1460	Lump Sum	10,000	7,200	7,200	7,200	100%
MN041-002	Replace Furnances	1460	20	65,000	35,870	35,870	32,283	
MN041-002	Replace Shed Doors	1460	43	26,000	23,000	23,000		
MN041-002	Install Storm Doors	1460	16	9,000	3,600	3,600		
MNO-41-002	Install A/C Units	1460	20	0	20,520	20,520	18,261	
MNO-41-002	Fill old A/C Holes, Fence around A/C's	1460	20	0	16,740	16,740	5,850	





ATTACHMENT K : STATEMENT OF PROGRESS OF MISSION AND GOALS IN 5-YEAR PLAN.

The Marshall PHC focused on its Mission Statement objectives, by encouraging more involvement by all tenants. Issues that were discussed were matters that may affect daily living.

The PHC main focus and number one priority is the tenants, that they have a safe, decent place to live in our housing apartments.

The PHC also has started hiring tenants, who live in one of the apartments, for part time summer work. This has helped the individual, income wise, and has helped out the person for future employment.

The Marshall PHC reviewed it's Goals, the PHC has become a High Performer.

The Marshall PHC continues great efforts between the staff and tenants, for a better work environment.

The PHC Staff continually tries to help tenants who are looking for better employment, or employment, by referring them to resources that help place people out in the job market.